

U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

F	or Official Use Only
	(APR 202005)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

	[
1 File Number U 00137	2 Fiscal Year Covered From		
3090	1 / 1 / 2005 Through 12 / 31 / 2005		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Orrin Baird	Name Service Employees Internatnional Union		
	Labor Organization Fi'e Number 000-137		
P O Box Bidg Room No If any	P O Box Building and Room Number if any		
Street 1313 L Street N W	Street 1313 L Street N W		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20005	State District of Columbia Z!P Code + 4 20005		
5 Position in labor organization Associate General Counsel			

Enter appropriate data below if dunng the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name Churchview Building Corporation	Reimbursed Expenses and stock distributions		
Trade Name if any			
PO Box Bldg Room No if any Suite 2000			
	7 b Amount.		
Street 120 S LaSalle St			
City Chicago	\$9 915		
State Illinois ZIP Code + 4 60603			

Signature)
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On 3/23/2006 202-898-3452	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
undersigned s knowledge and belief the district and comments food the section on particular and the management		
	undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)	

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Name of Person Filing Orrin Baird	File Number U 00137			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name	a Labor Organization			
Trade Name if any	b Trust			
PO Box Bidg Room No if any	c Employer			
Street				
City State ZIP Code + 4				
State ZIP Code + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name if any				
PO Box Bldg Room No If any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4				
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name if any				
PO Box Bidg Room No if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			